

# INVOICE

Date:

Invoice #:

Sold By:

Bill To:

Item #	Description	Quantity	Unit Price	Amount

Subtotal: \_\_\_\_\_

Tax Rate: \_\_\_\_\_

Sales Tax: \_\_\_\_\_

Shipping Charges: \_\_\_\_\_

**Invoice Total:** \_\_\_\_\_

*If you have any concerns regarding this invoice, please contact*

**THANK YOU FOR YOUR BUSINESS!**